 	CATION	CCE :	DETER	MINATI	ON	RECO	RD

Application or Docket Number

Effective October 1, 2000

New Contract	C	LAIMS AS	FILED - F		(Colun	nn 2)	SMA TYP		717Y.#* ○ □	OR	OTHER SMALL	THAN*# ENTITY	\$600 Pictor
TOTAL CLAIMS		38				R	ATE	FEE		RATE	FEE		
FOR ·				NUMBER EXTRA		BAS	IC FEE	355.00	OR B	ASIC FEE	710.00	 	
TOTAL CHARGEABLE CLAIMS		3€ - minus 20=		. 18		×	\$ 9=		OR	X\$18=	324	COPY	
		6 minus 3 =		. 3		L	40=		OR	X80=	j:40	ŏ	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P				-			-				+270=	010	Ш
						akuma 2	<u> </u>	135=		OR		1031	8
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	T	OTAL	<u></u>	OR	TOTAL	1274	┨
6	16/05CL	AIMS AS A (Column 1)	MENDED		T II mn 2)	(Column 3)	S	MALL I	ENTITY	OR \	SMALL	ENTITY	AVAIL ABLE
MTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	REST
MENDMENT	Total	38	Minus	**	30	= 0	,	(\$ 9=		OR	X\$18=		」 "
EN -	Independent	• 6	Minus	***	6	= ()		X40=		OR	X80=		
	FIRST PRESEN	ITATION OF M	IULTIPLE DEF	PENDEN	IT CLAIM			 -135=		OR	+270=		
							Ľ	TOTAL		OR	TOTA		4
					-	::/O=l::=== 2\::		DIT. FEE		4	ADDIT. FE	N. Free	
See and	7	*(Column 1) CLAIMS	भेड़ी एडकेहरू सबस्	(Col	umn 2) >	(Column 3)		See In	ADDI-	15 (2) 		ADDI	
NT B		REMAINING AFTER AMENDMENT		PRE	IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONA FEE	L
MENDMENT	Total	Part of the Walter	Minue	***		= 		X\$ 9=	-	ΘR			
NEW	Independent		Minus	***				X40=		ОЯ	X80=		
V	FIRST PRESE	NTATION OF I	MULTIPLE DE	PENDE	NT CLAIN	A		+135=		OR	+270=		
							L	TOTAL			TOT	AL	-
							A	ODIT. FEI	E l	70.	ADDIT. FI	: t 	
		(Column 1			lumn 2) GHEST	(Column 3)	i -			7	f	ADD	
AMENDMENT C	/	CLAIMS REMAINING AFTER		PRE	UMBER EVIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE		AL
MA	Total	AMENDMEN	Minus	19		=	1	X\$ 9=		OF	X\$18	=	·
	Independent		Minus	+		=	1	X40=	1	1	V00	_	
1	FIRST PRESE	ENTATION OF	MULTIPLE DI	EPENDI	ENT CLA	м 🔲] -		-	OF	`		1
								+135=		Jor			4
	If the entry in colu If the "Highest Nu		Doid For IN I	HIS SPAI	LE IS 1855 I	חומון בט, פווופי בי	·" A	TOTA DOIT. FE		Of	ADDIT. F	EE	
-	if the "Highest No "If the "Highest No The "Highest Nu	umber Previously mber Previously	y Paid For IN T Paid For (Total	HIS SPA or Indep	CE is less endent) is	than 3, enter "3." the highest numb	er four			box in	column 1.		